FORM <b>CD-399</b> LF	110 D	EDADTMENT OF COMMEDCE				
(4-83)						
SUGGESTION PROCESSING						
NAME AND ADDRESS	SUGGESTION NUMBER	DATE				
	SUGGESTION TITLE					
Thank you for submitting your idea to the Employee Suggestion Program. After a preliminary review, your submission has been determined to be:						
<ul> <li>a valid suggestion. Its evaluation for possible adoption should be completed by</li> <li>an invalid suggestion (see attached).</li> <li>a duplicate suggestion (see attached).</li> </ul>						
For any inquiries, please contact:						
Name	Telephone					
Office Address	Office Address					
We appreciate your interest in improving our operations and hope you will continue to submit ideas for increasing the efficiency and effectiveness of the Department.						
INCENTIVE AWARDS PROGRAM OFFICER						
EVALUATING OFFICE	SUGGESTION NUMBER	DATE				
	SUGGESTION TITLE					
We are referring the attached suggestion to your office for review and evaluation. Since the employee is anxious to know if this suggestion will be adopted, please review it as soon as possible.						
Your evaluation <i>must</i> be completed on the attached form (CD–170) and return to this office by  If your evaluation cannot be completed in the allocated time or you require additional information on the evaluation process, please contact:						
Name Telephone						
Office Address						
POSITION TITLE/SERIES/GRADE	ORGANIZATION					
Date Received by Personnel Office:	☐ Tangible ☐ Intangible * *					
Extension approved on: date new due date	. Award Amount \$					
Referred to:	Benefits \$					
date:	Check Requested/Issued  Cert. Signed/Issued					
Rejection	Date of Implementation					
Letter of Commendation Date	Other actions					
Appealed to:						
Appealed to:	VALUE OF INTANGIBLE BENEFITS * *  ☐ Moderate ☐ Substantial					
Outcome:	☐ High ☐ Exceptional					
COMMENTS	EXTENT OF APPLICATION					
COMMENTS:	☐         Limited         ☐         Extended           ☐         Broad         ☐         General					